PATEN	eduction Act of 1995, no po T APPLICATION I Substitute	FF DETERMENT	respond to a collection	and ((ademark (Mice: U.S.	PTO/SB/06 (Dugh 7/31/2006, OMB 065: DEPARTMENT OF COMM
	Substitute	for Form PTO-875	NATION RECOR	(D	Mess it displ	ays a valid OMB control or
			· · · · · ·		127	tion or Docket Number
C	LAIMS AS FILED - F	PARTI	•			10491
	(Column 1)	(Column 2)		• • -		
FOR	'NUMBER FILED			LL ENTITY	OR	OTHER THAN SMALL ENTITY
8ASIC FEE (37 CFR 1.16(a))		NUMBER EXTR	A L RATE		7 .	OWNER EIAIIIA
TOTAL CLAIMS				FEE	1 1	RATE FEE
(37 CFR 1.16(c))	minus 20 =		 -		OR	
INDEPENDENT CLAIMS (37 CFR 1.16(b))			X s		1	——————————————————————————————————————
	minus 3 a	•		+	OR	× 5 • \
MULTIPLE DEPENDENT CLA	M PRESENT (3) CFR		- X3_==		OR	
	,	1.16(d))	. . +5		- F	
"If the difference in column 1	is less than zero, enter "O"	in column 2		+	OR .	+ 3 2
CLAIMS	00 01454555		TOTAL	L 1	OR	707
/ 1// -	AS AMENDED - PAR	RT II			•	TOTAL.
6-24-05 (Colum	10.11	•	•			
CO CLAI	MS 1	umn 2) (Column 3	SMALL E	AFTITAL	OR	OTHER THAN
E //7 A REMAI	THE LEAD	LEST IBER PRESENT		14111.4		SMALL ENTITY
Z //7/OS AFTI	PREVI	DUSLY FXTOA	RATE	ADDI.		
O D CORLINGED 27	Minus PAID		11 · 1	TIONAL	- 1 '	RATE ADDI-
Z Independent	13	11	x,25.	FEE	<u> </u>	TIONAL
independent (37 CFR 1.16(b))	e Minus "	1.1.	11,00	(DR XI	50.
FIRST PRESENTATION OF ML	I TIDE COLOR		x.s/00 =	L.,		
	CTIFCE DEPENDENT CLAIM	(37 CFR 1.16(d))	+1/80	7	R	200
in 1 1			TOTAL	o	R-+15	360-
1100 (Column)			ADD'L FEE	Of	TOTA	
CLAIMS	(Corum				roon '	. FEE
REMAININ AFTER	* 1 NUMPE	B DOCCCO				
AMENDMEN		AV EVICA		ND01-	000	
(3) OFR 1.16(c) 4	Minus "20	K		Onal Fee	RAT	TIONAL
Independent D7 CFR 1.16(b))	Minus	181	x : 75 =		·	FEE
<u> </u>	1 1 //	- 2		OR OR	× = 50	2. 400
FIRST PRESENTATION OF MULTI	PLE DEPENDENT COMM		x:100-	OR	x . 20	
	THE COUNTY (3)	CFR 1.16(d))	+1/80-			
5/0/			TOTAL	OR OR	+3/2	?=
2 U.D (Cotumn 1)	(O-11	•	ADD'L FEE	OR	ADO'L FE	5 /507
CLAIMS	(Column 2)	(Column 3)			. 200,72	E (007)
REMAINING AFTER	NUMBER	PRESENT	0			
Total AMENDMENT	PREVIOUSLY PAID FOR	EXTRA	RATE ADD		RATE .	
CFR L.1G(ct)	Minus " 45	1= -1 1	TION			ADDI- TIONAL
dependent CFR I.14(b))	Minus ···		x:25 .	$\neg \mid \mid \mid \mid$		FEE
	1 10			OR L	× : 50 =	107
ST PRESENTATION OF MULTIPLE	DEPENDENT CLASS		100=	OR	× 1 200-	7
	(37 CF	R 1.16(d)) +	180-	1 1		+-(-)-
e entry in column 1 is less than Tighest Number Previously P		. 1	OTAL	OR L	-360	1 . 1
o citry in column 1 is less than a "Highest Number Previously Pa" Highest Number Previously Pahlighest Number Pahlighest Number Pahlighest Number Pahlighest Numb	the entry in columns, water	Win and	DOTESE I	OR	OTAL DO'L FEE	1-1
" O AM LACKINGS PLANSON "T" V	~ 4 F - 4 E. WINE	V III CONTINUE 9				

The Highest Number Previously Paid-For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any complete, and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.